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EDITORS.

PUBLIC EXECUTIONS.

Hangings seem to run into epidemics, just like other causes of death. All through the autumn the dull monotony of the ordinary news was broken by accounts of the successive executions of the Molly Maguires by the Pennsylvania sheriffs; and just after these came the double affair in Indiana and the stringing in Ohio. Kentucky, too, after we do not know how many years, has now been treated to a similar spectacle. Upon the 21st of February George Washington, of color, last in the hearts of his countrymen, paid the death-penalty in Louisville, for rape, in presence of a large and enthusiastic audience. The affair was in every way a grand success. The crowd present was variously estimated by the reporters at from fifteen to thirty thousand; and through the ever-to-be-remembered consideration of the sheriff the gallows was erected on an eminence, so that all the vast concourse could see the proceedings. To add to the interest of the occasion, the rope broke on the first drop, and the spectators had the benefit of an *encore* for the one price of admission. It is truly gratifying to read the accounts of the affair, and learn the interest of the people in witnessing the triumph of justice. There were Roman mothers there with their babies, and Spartan fathers who had brought their sons (for the benefit of the example), and one gushing humanitarian, of unknown nationality, who when the rope broke mildly suggested to "cut his damned throat." All of which goes plainly to show the ridicu-

lousness of the Darwinian theory of our beastly descent. But what we wished chiefly to record was that our noble profession was not a whit behind. Of course the official doctors were on the scaffold to declare when the man was dead, and can deserve no credit for their pains, as theirs was a forced attendance; but volunteers from the ranks of medicine came up by scores. Nay more, these knightly devotees to humanity and science, having bargained with the wretch beforehand, rushed with his body, when declared dead, to a dissecting-room, some mile or so away, and there instituted most novel experiments to see if life could be brought back. They applied a new instrument, called the galvanic battery, to his respiratory muscles; they bored a hole in his skull, and put the needle in his brain; they pumped blood from a dog into his swollen veins; they put an aspirator in his heart, and tried to pump something out; they strangely failed to restore life, but they succeeded at least in one thing—to amuse and interest the thousands who read the newspapers next morning, for they bravely published. Let us thank God that we belong to a humane profession, and a wise profession; and when we consider how feeble-bodied and down-hearted humanity turns to us for our sympathy and skill, let us ever be mindful of how much we owe to those who publish us not as idiots and brutes.

In plain English, is there a more disgusting spectacle than a public execution? Is there any thing more degrading and destructive to public morals? Is there any thing so mortifying to manhood as the scenes it entails? Does it not seem that the profession of medicine, which in theory at least

is represented by educated men, whose feelings the nature of their calling should refine, should lift up its voice against such exhibitions; and is it not the depth of humiliation to know that from such ranks came as gaping and eager witnesses as any in the brutal throng? Perhaps a squeamish humanity may prompt these utterances; and it may be averred that our mission is not to teach public morals. Then at least let us make one protest in the name of science. When the battery is again applied to a man from the gallows, or blood pumped into his veins, let it be plainly understood that it is done for private advertisement or public amusement; that for the purposes of restoring life, or discovering any principles which would benefit humanity, no doctor with ten grains of sense would regard the worn-out experiment otherwise than the expression of extremest imbecility. If it be none of our business to get private executions, at least we may attempt to protect the profession from being ranked as asinine.

MARTIN'S ELASTIC BANDAGE.

It has been two years since Dr. Henry Martin, of Massachusetts, gave an account before the surgical section of the American Medical Association of what he had accomplished with elastic bandages. Since that time their use has steadily spread, and most of the merits which he then so enthusiastically claimed for them have been verified by surgeons in this country and abroad. We have been very remiss in not referring to this matter before. In our Selections for this week, however, we have made such extracts from his paper, published in the Transactions of the Association for 1877, as will indicate what the bandages are, the mode of their application, and their great use in common ulcers of the leg. Dr. Martin, in the paper referred to, mentions a number of other conditions where their curative effects have been demonstrated; such as injuries and diseases of the joints, diseases of the bursæ, œdema

and anasarca, erysipelas and erythema, diseases of bone, cutaneous affections, injuries of bones, rheumatism and neuralgia, varicose veins, etc. Indeed Dr. Martin has seemingly put in a general caveat against all new discoveries which are likely to be made as to the usefulness of his invention. He deserves full measure of credit for his admirable contribution to the armamentarium of surgery. The simplicity and efficiency of his elastic bandage indeed entitles it to a place among the grandest discoveries of our art.

THE time for the meeting of the Kentucky State Society at Danville has again been changed, and the day now fixed is Tuesday the 13th of May, the week following that devoted to the meeting of the American Medical Association at Atlanta. It seems pretty definitely established that Prof. Gross will deliver the address at the unveiling of the McDowell monument, and it is probable that a number of physicians upon their way home from the meeting at Atlanta will stop over to the Kentucky meeting.

Original.

SYMPATHETIC INSANITY PROCEEDING FROM THE RECTUM.

BY BEN JAMES BALDWIN, M. D.

*Ex-house Physician to the New York City Lunatic Asylum;
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Charity Hospital.*

Between bodily conditions and mental functions there exists the closest relation, and modern psychologists have proven beyond cavil that the brain may be deranged by reason of a morbid cause of irritation in some other part of the body. Numerous instructive examples might be quoted to illustrate the manner of pathological action, and explain this intimate organic sympathy. But the influence that abdominal affections exert over the organ of mind is well known, and frequently seen in the ordinary derangement, constipation. Habitual constipation is one of the most prevalent and troublesome of functional disorders. In the female

it is the bane of existence ; and its sympathetic effects extend to every organ in the body, especially to the supreme nerve center. The ordinary effects of constipation, as giddiness, gloominess of thought, headache, drowsiness, etc. are constantly met with in persons with torpid bowels, who suffer no serious results ; but its sympathetic influence not unfrequently induces a greater derangement, and may terminate in permanent perversion of intellect, or even in more distressing mental alienation. The case I am to cite affords a remarkable illustration of evil consequences that may ensue from neglect of this seemingly trifling ailment, and convinces me that in mental derangements the condition of the bowels should be scrupulously looked into.

Mr. W. H. was an intelligent gentleman, of sedentary habits, who had always suffered from torpid bowels, having been compelled several times to seek medical advice. On one occasion, after an unusual lapse of time, he sought relief by some simple remedy, which did not afford the effect desired. Not being inconvenienced, he went on for several days, and then tried some similar remedy, with same result. Becoming now exceedingly anxious of himself, he consulted his doctor, who, regarding him needlessly nervous, prescribed some constipation pill, which had not the slightest effect. Friends of patient began to notice in him a great change. He grew nervous, irritable, and depressed; fever came on, and he took to bed. Nervous symptoms increasing, his attention was altogether withdrawn from his bowels. Forebodings of gloom oppressed his thoughts. He began to have delusions with hallucinations of sight and hearing, and did strange things. These actions continuing, it was decided to send him to an asylum; and he was admitted into the Kings County asylum with a most acute melancholia. No one then knew about his bowels or the cause of his trouble. He soon became the subject of perpetual horror, and his delusions grew charnel. The appalling and intolerable idea of premature burial kept him in continual anguish. These ghastly dangers haunted him both day and night; and his feelings were so terribly well adapted to inspire supremeness of mental distress, that it was only when the nerve centers could endure wakefulness no longer, with large doses of chloral hydrate, that we could get him asleep; for he thought that on waking he would find himself the tenant of a grave. His sleep was not peaceful, and

during waking a world of phantasms rushed in upon him. The iron bars of his cell-window were to him tall and gaunt figures, shrouded in the habiliments of the grave, hovering over and ready to bear him to the tomb as soon as he was again asleep. From these terrible hallucinations and illusions the patient would wildly recoil, and cry aloud in the most agonizing tones of distress. Thus he went on losing strength and rapidly being exhausted. Finally the orderly, whose duty it was to look after the habits of patients, after a stupid delay communicated the fact that this man had not had an operation since his admission. Immediate attention was directed to his bowels. Many attempts were made. At last the heroic dose of ten gtt. crotton lig. with enema of ox-gall, followed by warm-water enema to soften scybalæ, was sufficient. He passed a most enormous quantity of offensive faeces. This opened to him a new world. It was the dawn of psychal day. In a short while the patient recovered reason sufficiently to appreciate his disgusting surroundings. He rapped loudly upon his cell-door. The night-watch came, and found him clear and intelligent. After a bath he was assigned better quarters; and it was here where we found him next morning, much to our surprise, perfectly restored. The day after patient was discharged. He was often seen in the city afterward, and took great interest in describing his attack and his feelings while in the asylum, asserting that he was at times dully and confusedly aware of his surroundings.

Etiologically the case is very interesting. Was it due to derangement of the assimilative organs, to retention of the excrementitious products, or to cholhaemic intoxication? At any rate it might be classed as one of Du Bois Raymond's "nervous polar molecular disorders," which rapidly appear, but rapidly disappear on removal of cause.

LOUISVILLE.

NOTES ON ACUPUNCTURE.

BY RICHARD O. COWLING, A. M., M. D.
*Professor of Surgical Pathology and Operative Surgery in
the University of Louisville.*

In connection with Dr. Galt's paper on The Lost Art of Acupuncture, which appeared in the News of last week, the notes of these two cases may be of interest.

I was summoned early one morning last fall to see F., and found him suffering extremely from a painful stump left by amputa-

tion below the knee. He had passed a night of torture, he informed me, and had seized the first opportunity of obtaining my aid. I had attended him before on several occasions for a similar pain, and had relieved him with hypodermic morphia followed by quinine. I prepared the syringe to inject seven and a half minims of water containing a quarter of a grain of morphia, and inserted the needle in one side of the stump. As I pressed on the piston the fluid apparently all ran out at the bottom of the cylinder, and on examination I discovered the glass was broken there. On another attempt to fill it I found that no fluid could be drawn up. It was clear also that none had been inserted beneath the skin. I went out to purchase another instrument; and upon my return, in about twenty minutes, I found my patient had been entirely free from pain, from the time the needle was withdrawn, and was inclined to sleep. I left him without an injection, and at a subsequent visit learned that he had slept several hours, and had waked in entire comfort. The attack did not return for a number of weeks.

About the same time of this occurrence, Dr. C., of Lebanon, came to Louisville to consult Dr. D. W. Yandell and myself concerning a very painful affection of his right arm. It had begun, several months previous, in the form of a paroxysmal neuralgia, the pain radiating from a circumscribed spot about the insertion of the deltoid. The usual list of neuralgic remedies had been run through without relief; and for several weeks before his coming to Louisville the pain had been constant, and so severe that only under heroic doses of opium could he obtain any rest. He could no longer drive or hold a bridle-rein, and his arm had even become useless for ordinary purposes, so that he was forced to withdraw from practice. There was no sign of inflammation about the arm, and but very slight tenderness over the affected part. We injected fifteen minims of water at this spot. The next day he reported some relief, and the injection was repeated. On a third visit he again reported improvement, though the pain had returned with marked severity after the lapse of a few hours from the time the injection was made. On this occasion we inserted a tenotome at the affected spot, carried its point down to the bone, and scored a surface of perhaps an eighth of an inch in diameter. This was the last of his trouble. In a few days he returned home, resumed his practice, and, it might be said, his life. His later reports

were always to the effect that the pain, which had so magically vanished, had never returned.

Possibly in this latter case the relief afforded was due to the freeing of imprisoned nervous filaments by the tenotome, though it was made more to puncture than to cut the bone. The former case, however, presents an example of sudden relief from simple acupuncture.

Though still holding its place among the remedies mentioned in our therapeutics, I am not familiar with examples of the use of acupuncture in this locality. I am inclined to think, from its past reputation and my own limited experience, that the operation should compete again for favor.

LOUISVILLE.

Books and Pamphlets.

HEALTH PRIMERS. No. 1: Exercise and Training, by C. H. Ralfe, M. D. No. 2: Alcohol—Its Use and Abuse, by W. S. Greenfield, M. D. No. 3: The House and its Surroundings. No. 4: Premature Death—Its Promotion and Prevention. New York: D. Appleton & Co.

GENERAL SURGICAL PATHOLOGY AND THERAPEUTICS, in fifty-one Lectures. A text-book for students and physicians. By Dr. Theodore Billroth, Professor of Surgery in Vienna. Translated from the fourth German edition, with the special permission of the author, and revised from the eighth edition, by Chas. E. Huckley, A. M., M. D., Physician to the New York Hospital, Fellow of the New York Academy of Medicine, etc. New York: D. Appleton & Co. 1879.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE at its Forty-fifth Annual Meeting, 1878.

EXCERPTA FROM THE ANNUAL REPORT TO THE BOARD OF HEALTH FOR 1878. By Jos. Holt, M. D., Sanitary Inspector of the Fourth District of New Orleans.

Miscellany.

THE PLAGUE.—London Lancet: The official utterances of the Russian Ministry of the Interior as to the reported "plague" in the province of Astrakhan, so far as they have been made known by telegraph in this country, have unfortunately had the effect of involving in greater darkness a subject previously sufficiently obscure. With a view of obtaining some independent information on a matter which, if the original report be true, so seriously menaces Europe, we have

endeavored to obtain from reliable sources a knowledge of the events which have given rise to a panic in Astrakhan and spread alarm throughout Russia. The following summary of the results of our inquiry, while presenting a tolerably definite account of the occurrences in Astrakhan, will probably have a tendency to clear up some of the apparent contradictions in the official and other accounts which reached England regarding them.

In November last, toward the end of the month, as it would seem, a detachment of Cossacks, which had formed a part of the army of the Caucasus, returned to its quarters, Vetlianka, on the Volga, in the district of Jenotajevsk, province of Astrakhan. Soon after its arrival "fever" appeared among the men, and was reported as typhus, the belief being that the disease had been imported from the camps in the Caucasus, where the disease was prevalent when the detachment began its march homeward. A military medical officer sent to make inquiry as to this occurrence of "fever," reported that no typhus existed, but that two kinds of fever affected the detachment—namely, simple continued fever and inflammatory fever. Subsequent events proved that there had been an error in diagnosis, that whatever other fevers existed at Vetlianka, among them was one of an eminently contagious and most fatal character, and this form of fever it is averred was, as originally reported, typhus, or as the statements now have it, petechial typhus. The military authorities, thrown off their guard by the report of the medical officer sent to the spot, took no precautionary measures; the infection of the typhus spread insidiously among the small population of Vetlianka, and during the last two days of December and first two days of January the result of the infection was shown by over a fourth of a population not exceeding six hundred persons being suddenly prostrated by the disease, in a form so fatal that the greater number of the attacked (one hundred and forty-three out of one hundred and ninety-five sick) were reported to be dead on the morning of January 3d. This terrific outbreak of disease caused a panic in the village, and in the belief that "plague" had broken out, the population, military and non-military, fled in a body, carrying not only the news but also the infection to neighboring villages, and into the towns of Astrakhan and Tsaritzyn, and the correspondents of the general press set the telegraph at work to convey the infor-

mation to the Russian journals of the asserted reappearance of the plague in Europe.

Under the alarm of the outbreak the population of the localities near to Vetlianka themselves took precautions for preventing communication with that village by placing armed volunteer guards on the several roads leading to it; and when the authorities of the province appeared upon the scene, it was held advisable, partly to meet popular apprehension, and partly from a belief that this was the proper course to pursue, to surround the place with troops as a sanitary barrier, and to endeavor to cut off communications between the provinces of Astrakhan and Saratov. These facts having been reported to the Imperial Government, the measures taken were approved, and instructions given for developing the system of quarantine to the utmost, while medical inquiry was directed to be made as to the nature and extent of prevalence of the fatal disease. With respect to the former question the malady was at first reported to be typhus, but the latest reports are curiously silent as to the character of the malady, and refer to it solely as "the disease." Moreover, a correspondent of the Russian print, the Voice, states that the scourge, whatever it be, is a new one, unknown to medicine and is incurable. With respect to the latter question, the disease is scattered over the whole of the river-side districts on the right bank of the Volga, from Astrakhan to Tsaritzyn, and within the borders of the province of Saratov.

These are the facts of the case so far as yet known, and it is clear that we must wait for further information before a definite opinion can be expressed upon them.

"A SHORT CUT TO THE TINCTURES OF THE BRITISH PHARMACOPEIA."—A mnemonic, showing how an accurate knowledge of the proportion, preparation, time, dose, etc. of the sixty-eight tinctures may be easily and permanently remembered in two hours. By Henry Judd. London: Printed for the author. Price, one shilling. We can add nothing to the title. The mnemonic for tinct. cinchonæ co. is a sample of the treatment the tinctures undergo:

Six ingredients, you must know,
Make the tinct. cinchonæ co.;
Serpentine, bark, and peel,
Spirit, saffron, cochineal.

"All rights are reserved," so that we must "quote no more."—Philadelphia *Chemist and Druggist*.

LOUISVILLE MEDICAL NEWS.

COMMENCEMENT EXERCISES OF THE UNIVERSITY OF LOUISVILLE.—The Commencement exercises of the University of Louisville were held on the afternoon of February 27th, at Public Library Hall. The Medical and Law Departments joined in the exercises. The following was the programme of the occasion:

- Overture, "William Tell," Rossini.
- March, Gartner.
- Prayer.
- Salutatory by Harry R. Phillips, of Kentucky, member of Junior law class.
- "Awakening of Spring," Bach.
- Conferring the degrees, M. D. and LL. B., by Hon. Isaac Caldwell, President.
- Waltz, "Consequenzen," Strauss.
- Conferring the prizes of the Medical Department by the president.
- Cornet solo, "Love Dream," Hoch.
- Medical-class Valedictory, by Lindsay English, of Illinois.
- Galop, "Swallow's Flight," Wiegand.
- Law-class Valedictory, by Isaac P. Caldwell, of Kentucky.
- Nocturne, "Silent Wishes," Lange.
- Address to Alumni, Law Department, by Temple Bodley, Esq., of Louisville, Ky.
- Waltz, "Wishes of the Heart," Hermann.
- Valedictory by Prof. James Speed, of Law Department.
- Cavotte, "Clandestine Love," Resch.
- Valedictory by Prof. Jas. W. Holland, of Medical Department.
- Benediction.
- Galop, "Quick Decision," Faust.

The following gentlemen were on the roll of honor:

- Abraham Forst, of Louisville.
- Frank G. Pusey, of Kentucky.
- Charles W. Murphy, of Indiana.
- Finis E. Jeffery, of Arkansas.
- Isaac F. Miller, of Arkansas.
- A. Miller, of Kentucky.
- Isaac J. Newton, jr., of Arkansas.
- Archie O. Burton, of Kentucky.
- Wyatt I. Letcher, of Kentucky.
- Albert O. Oliver, of Alabama.

The following gentlemen won honors in the undergraduate contest:

- R. Maupin Ferguson, of Louisville.
- James B. Slaughter, of Indiana.
- Murray B. Manly, of Kentucky.

The Yandell gold medal, named in honor of Dr. L. P. Yandell, sr., was awarded to Mr. A. Forst; the second gold medal was awarded to Mr. Pusey; and the third to Mr. Murphy.

Mr. R. Maupin Ferguson was awarded the prize, a case of surgical instruments, offered by Messrs. Arthur Peter & Co.; Mr. James B. Slaughter, the prize books offered by Messrs. John P. Morton & Co.; and Mr.

Murray B. Manly, the prize, a case of instruments, offered by Mr. Simon N. Jones.

The degree of Doctor of Medicine was conferred on eighty-four gentlemen, whose names are appended.

- Alford, Marcellus F., Louisiana.
- Armstrong, Rezin L., Louisiana.
- Alvey, Nicholas R., Kentucky.
- Battle, William B., Tennessee.
- Baxter, Edward A., Arkansas.
- Bland, Joseph E., Kentucky.
- Boston, James G., Indiana.
- Brewer, Andrew J., Arkansas.
- Burton, Archie O., Kentucky.
- Barr, Archie C., Kentucky.
- Carter, James H., Indiana.
- Chester, William L., Tennessee.
- Clark, Joseph H., Kentucky.
- Cook, Lyttelton B., Kentucky.
- Cook, John W., Indiana.
- Cook, John J., Mississippi.
- Cole, William A., Indiana.
- Cottingham, Isham E., Kentucky.
- Curd, Thomas H., Kentucky.
- Dial, John J., Texas.
- Durrett, William T., Kentucky.
- Dickerson, George D., Mississippi.
- Dixon, Henry T., Kentucky.
- Dillon, Jerome B., Kentucky.
- English, Lindsay, jr., Illinois.
- Fischer, John W., Indiana.
- Forst, Abraham, Kentucky.
- Foster, Paul, Louisiana.
- Gaither, Hilary, Indiana.
- Gentry, Enoch N., Missouri.
- Harrison, William G., Kentucky.
- Herndon, William E., Kentucky.
- Hill, Benjamin F., Kentucky.
- Hodges, Thomas B., Arkansas.
- Holloway, Uriah G.,
- Hubbs, William T., Tennessee.
- Jamison, Robert S., Mississippi.
- Jarvis, James F., Missouri.
- Jeffery, Finis E., Arkansas.
- Judy, Garrett D., Kentucky.
- Kenner, Robert C., Kentucky.
- Kirkpatrick, James D., Kentucky.
- Ledbetter, Samuel L., Mississippi.
- Lefever, James M., Indiana.
- Letcher, Wyatt I., Kentucky.
- Lovelady, Robert, Arkansas.
- Martin, John W. jr., Missouri.
- Miller, Anthony, Kentucky.
- Miller, Isaac F., Arkansas.
- Milligan, George T., Kentucky.
- McConnell, Archie M., Kentucky.
- McDowell, William W., Kentucky.
- McNally, James A., Kentucky.
- Murphy, Charles W., Indiana.
- Newton, Isaac J. jr., Arkansas.
- Neel, William D., Kentucky.
- Oliver, Albert O., Alabama.
- Peeples, John W., Tennessee.
- Plummer, William T., Kentucky.
- Pusey, Frank G., Kentucky.
- Rafferty, Bradley T., Indiana.
- Redditt, Ralph, Mississippi.
- Robison, Andrew B., Indiana.
- Rodman, Hilary D., Kentucky.

Rudy, Dionysius B., Arkansas.
 Seng, Paul C., Kentucky.
 Slayden, John L., Kentucky.
 Spencer, Samuel J., Arkansas.
 Slaughter, Samuel H., Kentucky.
 Stark, James G., Tennessee.
 Strickler, Clarence A., Kentucky.
 Swartzel, Jos. A., Indiana.
 Taylor, Benjamin F., Kentucky.
 Thompson, Andrew S., Mississippi.
 Van Cleve, George T., Kentucky.
 Vonderbeck, Henry, Kentucky.
 Waller, E. Frank, Kentucky.
 Weller, Joseph H., Iowa.
 Wert, Buchanan S., Alabama.
 Weis, Frank W., Missouri.
 Wedding, Columbus V., Kentucky.
 Williams, Christopher R., Kentucky.
 Wilson, William A., Mississippi.
 Whitnel, John L., Illinois.

The exercises passed off with even more than usual success, amidst a profusion of music, flowers, and beauty. The addresses were particularly good. Of course the doctors acquitted themselves with credit, and we can not even withhold compliments from the lawyers. Mr. Caldwell gave promise of rivaling paternal fame, Mr. Bodley presented the careful thought which was expected of him, and Attorney-general Speed spoke as became the Nestor of the Law.

FRIGHTFUL MORTALITY.—The following account of the terrible mortality among the inhabitants of a Brazilian province is from the Bulletin of Public Health for the week. It seems a little strange that this news is so long coming:

“FEBRUARY 19, 1879.

“The U. S. Consul at Pernambuco reports that in the interior of the province of Ceará a severe drought has prevailed for two years and a half, no rain having fallen during that time. The excessive dryness caused the disappearance of the innumerable small streams which furnished the whole water-supply of the country, the consequent death of nearly all the cattle and sheep, and the complete destruction of the usual means of subsistence of the population, which is wholly an agricultural one. The people have been reduced to subsistence on roots, cotton-pods, reptiles, and any living or dead thing that would sustain life, some resorting even to cannibalism. In the winter of 1878 small-pox appeared in epidemic form, and caused a frightful mortality among the starving inhabitants. A general flight of the people from the interior to the coast cities occurred. The normal population of 25,000 in Fortaleza, the capital, was quickly raised to 100,000, the squares of the city being filled with

thousands of unsheltered people dying of disease and starvation. One half the original population of the city have died of small-pox. In the new cemetery of Lagoa Funda, opened in the middle of last year, there were 60,000 interments up to January 1st. The number of burials from small-pox alone between November 1st and January 1st, in this cemetery, was 24,470; the total interments in the city for the two months being 31,571. At Parahyba 12,000 refugees, out of 15,000 who had fled to the port, died; and similar distressing accounts are given of the other coast cities. The consul estimates the usual population at 900,000, of whom 500,000 have died of disease and starvation. The Brazilian government has expended \$10,000,000 for the relief of the sufferers. At last advices slight rains have fallen in the interior, and it is believed the worst period of the scourge has been passed.

JNO. M. WOODWORTH,

Surgeon-general U. S. Marine Hospital Service.”

Another account comes through English sources. The correspondent of the Medical Times and Gazette writes:

“In Ceará, during the months of November and December, small-pox alone swept away thirty thousand. The population of Ceará in the year 1874 was eighty-five thousand, but the drought of course brought down people by thousands from the interior. Before the small-pox broke out, the population had increased to one hundred and twenty-five thousand; to-day it is impossible to say how many they number, as the people still continue coming down from the country. S. verified eight hundred and eight deaths in one day; he went some eighty miles up the country and saw three cases of cannibalism. The cemeteries have long since been filled. Graves are supposed to hold twelve bodies; but so great was the demand for space that often twenty-five were put in the same hole; there is no burial service, and the diggers faint while digging from the fearful stench. These are all solemn facts, and yet in Europe no notice is taken of them and no help offered. The Europeans from Ceará are almost all in Pernambuco, waiting for the plague to pass over. The wife of the President of the province died of the “black plague,” as it is called, being an exaggerated form of small-pox. In two hours her body was in a state of decomposition. The roads and streets are patrolled by soldiers day and night, to see that no bodies are buried in any other

place than that ordered by the government ; and every corpse has to be carried along the sea-shore to the lee-side of the town where is the place of burial ; and an English engineer states that the sight along the beach is fearful and disgusting. The plague is worse than any thing ever seen, not even excepting the cholera-plague. These accounts have been in our Brazilian papers for some time, but I did not give much credence to them until I heard them verified by an eye-witness. The hotel he stopped at averaged a death a day, and the very attendants of the house waited on their guests with unhealed scabs on their faces. It can not travel here, happily, for the reason that there is no material to work on ; it is confined to Ceará—the fearful drought which has afflicted that province having so weakened the people, from bad and insufficient food."

EXERCISE FOR GIRLS.—In these days, when so many women are engaging in intellectual pursuits of a high character, and even are desirous of competing with men in the cares and anxieties of professional life, the question of their physical training ought to receive more attention than it has hitherto done. In this respect girls stand at a great disadvantage as compared with boys. Up to a certain age, say eight or nine, a girl mixes often on equal terms with her brother in his sports ; indeed, not unfrequently excels him both in skill and spirit ; but after that age healthy exercise is sacrificed to the bondage of genteel deportment.

The growing child is confined in stays, and her feet crippled in tight boots. Any thing like vigorous muscular movements are thus rendered impossible, and the sole exercise is the torpid regulation walk. Owing to this want of functional activity of the muscular system, the muscles dwindle and waste, and the nutrition of the body becomes impaired. Many of the troubles that women suffer from in later life are undoubtedly due to impaired muscular vigor, and much suffering would be spared if proper attention were paid in early life to their physical development by a course of systematic training. We do not mean that our daughters should emulate their brothers in the cricket-field, or that female athleticism should become the vogue ; but we would point out to parents and the managers of schools the danger entailed by the present neglect of exercise, and indicate the games that could be most easily adopted. Thus fives, rackets, and lawn-tennis are games for

which no great space is required. The latter game ought to be taught systematically, just as cricket is to boys at public schools. To play these games with safety, however, stays and tight boots must be altogether discarded. Swimming, too, ought to be taught at all girls' schools, not merely because of the protection it affords, but also from its being in itself an admirable exercise, bringing into play all the muscles of the body.

There are few exercises so useful for imparting a graceful carriage as rowing, and it should be taught wherever opportunity affords. The strength imparted by the development of the muscles of the back would do away with the necessity of the artificial support of stays. Riding, too, is an excellent exercise. It ought, however, to be used in moderation till growth has nearly ceased. The great difficulty, however, in providing suitable exercise for women is the expense necessarily attaching to its pursuit. It is impossible for ladies to practice in open playgrounds like men ; and even in gymnasias, or places set apart for them, the question of social disparity prevents the general adoption. It might, however, be possible for a few schools in large towns to unite in maintaining a joint establishment for the systematic teaching of swimming, rowing, lawn-tennis, and a few special gymnastic exercises. This gymnasium might be open also to private families who might wish to send their girls who were being educated at home. Of course such institutions would have to be under the supervision of a responsible committee, or else the fate which has befallen skating-rinks would speedily overtake them.

—*Ext. from Health Primer—Exercise and Training.*

PROTRACTED EPISTAXIS CAUSED BY A PARASITE.—Dr. Landon, of Elbing, in *Berl. Klin. Wochenschrift*, relates the case of a workman, aged forty-two, who soon after the Franco-German campaign of 1870 was laid up with pain in the hepatic region, jaundice, and gastric disturbance, which symptoms persisted more or less till 1874, when he came under Dr. Landon's care with an attack apparently of perihepatitis. It then appeared that since 1871 he had also suffered from severe attacks of epistaxis, which occurred often twice in the same day. The patient complained of a feeling of painful pressure in the left nasal cavity, but with the speculum nothing but a moderate degree of inflammatory swelling could be detected. Suddenly, at Easter, in 1878, a parasite was dislodged from the left

side of the nose by a violent sneeze, and from that moment the epistaxis has not occurred. Its cause proved to be the *Pentastoma tenuoides*, a fluke which in the perfect state inhabits the frontal sinuses and nasal cavity of dogs and other carnivora, occasionally of horses and goats, and in some countries of the human subject (Leuckart, Küchenmeister). The embryos live encapsulated in the pleural and peritoneal cavity of some herbivorous animals, and invade the liver. After a time they pierce the capsule, and wander in the body of their host, finally, unless he dies meanwhile, again becoming encapsulated. If the flesh of the host is eaten uncooked, the flukes find their way in the second host to the nasal and frontal sinuses, where they remain. It is not known how they enter man, but they are found in the liver of the negro. In the present case the hepatic symptoms were clearly traceable to the presence of *pentastomata* in the liver, and their cessation is probably due to the encapsulation of the parasites.

FRENCH DOCTORS.—A writer in the London Daily News has lately given an interesting notice of French doctors. To be a doctor in France signifies something more than to have the privilege of healing the sick, for medical men have of late years become very pushing candidates for political honors. There are thirty-eight of them in the Lower House, and about a dozen in the Senate. They also muster thick in the councils-general, and are more numerous still in the municipal councils, where they almost balance the legal element. The writer declares that France has more doctors than any other country, the constant overcrowding of the profession driving many physicians into politics. Some physicians pursue politics deliberately; others almost imperceptibly glide into political life by acquiring influence as country doctors. It is not the best physician who always gets most easily elected; some doctors are too useful in their professional capacity to allow themselves to sink into politics. While those who steadily hold on their course as medical practitioners enjoy many of the comforts and pleasures of this life, they have their full share of disappointments and annoyances. French patients are not more grateful than English. As in England, "there exists a crooked opinion among the French peasantry and working classes that a physician should regard himself as a philanthropist, and pay his butcher's bill with the mere thanks of

his patient; and at the end of the year he is treated as an extortioner, because he has charged a sum which will barely pay for the wear and tear of his horse and gig." How American!

THE CAUSES OF DEATH AT THE SEVERAL EPOCHS.—In infancy, diseases of the brain and nervous system—notably convulsions—rank first among the causes of death; diseases of the lungs have the second place, and diarrheal diseases the third.

From the end of the first year of life to the end of the fifth—that is to say, in early childhood—the infectious diseases, especially scarlet fever and hooping-cough, give rise to the greatest mortality; then, as in infancy, next in order of mortality at this period of life come lung-diseases; and third, the diarrheal diseases.

In childhood and early youth (five to fifteen years) the infectious diseases are the chief causes of mortality, principally scarlet fever and continued fevers.

From youth to manhood (fifteen to twenty-five years) phthisis is the most important cause of death, and the infectious diseases sink to the second place.

In early manhood (twenty-five to thirty-five years) phthisis still maintains the first rank among the causes of death; but a marked increase of mortality is now observed from other diseases of the lungs. The infectious diseases continue to hold the second rank among the causes of death at this period of life.

In manhood and maturity (thirty-five to fifty-five years) phthisis maintains its predominance among the causes of death, but now the mortality from other diseases of the lungs becomes largely augmented. The second place in the order of causes of death at this period of life is taken by diseases of local origin, especially local affections of the brain and nervous system, of the heart and blood-vessels, and of the digestive organs. Cancer now becomes an important source of mortality, but the infectious diseases sink to a comparatively low place among the causes of death.

In the decline of life (fifty-five to seventy-five years) the diseases of local origin, including diseases of the lungs, are the chief causes of death; phthisis, the infectious diseases, and general diseases, as a rule, except cancer, becoming relatively less predominant. At this period of life, indeed, the causes of death foreshadow the more general decay of old age (seventy-five and up-

ward), where death, if it does not arise from the natural inability of the several organs, in the progress of decay, to continue their functions, unaffected by exterior circumstances, is mainly brought about by local accidents of the brain and nervous system, the heart and blood-vessels, irredeemably damaged in the course of the decay.

The progress of fatal disease through the several periods of life has, in fact, characteristic relations with the natural conditions of the body at the different periods. The fatal diseases of infancy are significant of the immaturity and mobility of the infants' organs and functions. The fatal diseases of childhood relate, not so much to states of the system then in fullest vigor of vital reaction (to inherent conditions of the body, so to speak), and to the influence of the media in which we live, as to the accidental liability of exposure to morbid agencies current among populations, such as the contagions of the catching diseases; as, for example, scarlet fever, small-pox, measles, typhus, etc. With the completion of manhood, diseases indicative of local degenerations of tissue begin to be predominant, and with each successive stage of life this predominance becomes more marked. In old age the degenerative changes, which at earlier periods of life are regarded as the signs of disease, now appear as the natural consequences of decay; and death becomes a physiological, not a pathological fact—as the termination of a natural life, not as the premature close of a life cut short by disease.—*Ext. from Health Primer—Premature Death.*

DR. MILLINGEN, who attended Lord Byron during his last illness at Missolonghi, died at Constantinople December 1, 1878, at the age of seventy-eight.

Selections.

SURGICAL USES OF THE STRONG ELASTIC BANDAGE OTHER THAN HÄMOSTATIC.

By Henry Austin Martin, M. D., Bvt.-Lt.-Col. and late Surgeon U. S. Vols. Extract from Transactions of American Medical Association, 1877:

I call the bandage "the strong elastic bandage," and not Esmarch's, which it much resembles, because I was making almost daily use of it very many years before Esmarch made the discovery and published the great improvement in practice which has immortalized an already illustrious name. I make no claim whatever to Esmarch's discovery, although very many

years ago I twice made suggestions to surgeons, about to amputate legs, which, if regarded, might have led to that discovery. The suggestions, however, were not regarded, I being at the time a "young physician." Indeed, I felt theoretically sure that such a bandage could not arrest the deep arterial circulation in a limb, so sure that I never took one of my bandages to try the simple experiment which would have developed the very important discovery that it easily can and does arrest it. The history of our art is largely a history of being satisfied with nice theories, and shirking the simple practical experiments which when made fill the world with wonder that they were not made long before.

How the Strong Elastic Bandage is Made.—I hope that the following papers may answer intelligibly the requirements of the profession. If any point seems obscure to any of my readers, or information is desired on any point not treated in it, I shall be most happy to clear up the obscurity or afford the desired information, if in my power, in answer to a request to that effect. For over twenty years I have with unvarying success treated all forms of ulcer of the leg by the application of a bandage of what is technically known as "pure rubber." The length of this bandage is ten and a half feet, width three inches, and thickness of No. 21 of "Stubbs's wire gauge." Into one end two or three inches of strong linen cloth is inserted, and to this is strongly sewed a stout double tape eighteen inches long. It is important that the edges of the bandage should be perfectly even. If there is the slightest notch in them, the bandage will be very apt to tear at that point and become useless. If, however, it be properly cut, it will bear almost any amount of continued traction. This even cutting of the bandage can only be done properly by machinery. When I began to experiment in this method of treatment I attempted to cut the bandages from the sheet rubber with strong sharp shears, but I found it impossible to cut them with sufficient accuracy. All my bandages are now, with the exception of attaching the tapes, made at the India-rubber factory in my neighborhood. It is astonishing how long a properly made bandage will wear. Many of my patients are wearing them every day, and have done so for two, three, even four years, and I have cured several successive poor patients' ulcers with a single bandage which is still perfectly serviceable. To insure this durability the material must be the best Para-rubber, prepared with the minimum of sulphur and heat needed to effect that "curing" of the gum, without which it would very soon deteriorate and become worthless. The dimensions given are those which I have found most generally applicable. If a leg is very long and large, an addition of two or three feet in length and of half an inch in width may be desirable. In a few cases, where a varicose condition of the veins of the thigh accompanies the ulcer or ulcers on the leg, I apply a bandage from the foot to the groin; this must be from eighteen to twenty-one feet long, and if the limb is very large, a width of three and a half or even three and three quarter inches may be requisite. If the leg is very slender, there will be somewhat more bandage than is necessary; this, however, can be wound round below the knee, or, of course, cut off to suit the exact requirements of the case. After being in use for a short time the bandages improve in appearance by getting rid of the sulphur which, to use a technical phrase, "sweats out" of the rubber. This sulphur is not at all objectionable except

in appearance; indeed, I think I am not fanciful in believing that in certain conditions of the skin it exercises a decidedly beneficial effect. The sulphur could be removed and a much nicer-looking bandage produced, but this could only be done by certain chemicals which would probably injure the rubber. Now and then I use a bandage for a child or even infant, and, of course, a narrower and shorter, but not thinner one is needed. For diseases and injuries of and about the joints, bandages of very varying length, and generally wider and of greater thickness are required, according to the amount of support and resistance to the undue motion of the joint which is sought after. I have described the bandage rather minutely, perhaps, for so very simple a matter, but I am anxious that surgeons who test the merit of the practice I commend should do so fairly, and that there should be no room for mistake. One word more: The thickness is what I have found after many variations and trials to be exactly right. If thinner, it would not fulfill desired ends; and if thicker, it would be unnecessarily clumsy and heavy, and much more apt to slip down unless a degree of traction should be made and pressure applied to the leg beyond what is desirable.

The Strong Elastic Bandage for Ulcers.— The form of ulcer which yields most perfectly and readily to this treatment is that very common one connected with a varicose state of the superficial veins. It is well known how unsatisfactory all previous methods have been in this class of cases, how next to impossible to obtain firm sound cicatrization of such ulcers without a very long continuance of the horizontal position, and how extremely liable they are to return at the slightest provocation when the erect position is resumed. The ulcers found on old poorly-nourished legs, where there is deficiency in the quality or quantity (generally both) of the blood, a feeble heart, imperfect circulation, and, consequently, a wretchedly-nourished skin—those which were called chironian ulcers by the ancients, deemed by them incurable, or curable only by the Centaur Chiron, or one his professional equal; round or approaching round with perpendicular sides, as if cut with a punch through the much-thickened skin, with white, hard, almost cartilaginous edges—yield the least readily, but still are healed by this method more speedily and much more solidly and enduringly than by any other.

Method of Applying the Elastic Bandage.— I need occupy but little space in describing my way of using the bandage, for nothing can well be simpler. The patient is directed to put it on the first thing in the morning, before the veins of the leg become distended by the impeded column of blood within them. The very best way is to apply it while still in bed. It should be applied with just snugness enough not to slip down. The moment after the foot is put to the ground, the limb is so increased in bulk by the increase of blood in its veins that the bandage becomes of precisely the proper degree of tightness, and no matter how active the exercise or labor of the patient, it will remain in position all day. The bandage is applied by winding one turn just above the malleoli, then one round the instep and sole, then up the leg, spirally, round and round, to the knee, each turn overlapping that below it, from one half to three quarters of an inch. If there is any redundant bandage, it can be wound round the leg below the knee, the tapes carried in different directions and firmly tied. When the patient undresses at night,

the bandage is to be removed, and the limb wiped dry; a piece of soft old linen moistened with olive oil, or some equally simple dressing laid on the ulcer and retained in place by a few turns of an ordinary roller. The bandage should be sponged with water (cold will do, but warm is better), and hung over a line to dry, in readiness for the morning; or it can be wiped dry at once, and rolled up with the tapes in the center. Such is the dressing for the night; in the morning the leg can be washed, but whether it is or not, all traces of oil or cerate should be carefully wiped away, as contact with the bandage of any fatty matter would tend gradually to injure the rubber.

This is the whole treatment. Rubber bandage all day, with erect position and exercise. The simplest possible dressing (merely to protect the ulcer from injury), with the horizontal position and rest all night. When the bandage is removed at night, it and the leg will be found to be bathed in moisture. That part of the limb to which the bandage was applied has been all day kept warm, moist, and perfectly excluded from the air, in an atmosphere and conditions the most favorable possible for the processes of granulation and cicatrization. In addition to this, a gentle, continually-maintained, and even pressure has supported the distended and weakened vascular coats, and prevented that venous turgescence which is the cause in many ulcers of mal-nutrition of the skin, the sole reason why nature's ordinary processes of repair are impeded and prevented. In those cases where no varicose condition of the veins exist, but in which an imperfect and feeble nutrition of the skin is the *raison d'être* of the ulcer, where nature is unable to heal the slightest scratch and the most trivial contusion rapidly changes into an indolent ulcer, with white, elevated, leathery edges, the bandage by the warmth and moisture induced by its application, favors the circulation in the capillary vessels, and a determination of blood to the surface. The constant pressure is at once a stimulus to the process of granulation, and to the rapid absorption of the hard edges, the removal of which in some way is a necessary antecedent to cicatrization. During the first week or two, and in a few cases for even nearly three weeks, an eruption appears under the bandage, sometimes of few, sometimes of many papules, running very rapidly into suppuration. Each of these indicates and obstruction in one of the cutaneous follicles. The bandage is their best possible treatment, for the moisture softens the indurated secretion, washes it away, or favors the rapid suppuration by which nature accomplishes the same object, and in a very short time the skin of the leg, subjected to a daily and all-day Turkish bath becomes entirely clear of all obstruction, and so continues, however long the bandage may be worn. Often ulcerated legs evince other evidence of mal-nutrition of the skin. Without enumerating or classifying these, all I need say is, that all, however diversely named in the terminology of that great science of words, dermatology, are more or less decidedly benefited by the bandage.

I think what I have written will afford a sufficiently practical notion of the method of treatment by the strong elastic bandage. During the past twenty-five years I must have treated at least from six to seven hundred cases of ulcers of the leg in this manner, and all, without exception, have been perfectly and absolutely cured. I do not include cases of syphilitic or scrofulous ulceration. Although often a very useful adjunct to treatment in such cases, the bandage alone is not sufficient. Of course, now and

then some other treatment is advisable, if not absolutely necessary, as, for instance, measures to obviate constipation, washing with a strong suds of tar soap, bathing with more or less dilute carbolized washes when the skin is extremely itchy, etc.

The Elastic Bandage as a Preventive of Ulcers.—Another and very important point is that of wearing the bandage *after* an ulcer is quite well, as a preventive of its return; many of my patients do this continually by preference, even when not directed to do so. I advise all whose occupation tends to aggravate a varicose condition of the leg to wear the bandage while standing, both for the palliation of the symptoms of the varicose veins and as a preventive of the return of the ulcer. Other patients are directed to wear the bandage when obliged to be much on the feet, or if there is the slightest irritability or redness at the seat of former ulceration, indicating a possible tendency to breaking down of the cicatricial tissue. This is a most important point. The surgeon must bear in mind the tendency of cicatrices to break down from slight causes, and particularly where there is a diseased condition of the veins; and instruct his patient to have his bandage always ready and in good order to be applied at once if needed. The cicatrization of ulcers under the rubber bandage is much firmer and better than, as a rule, I have observed to result from other treatment, but, of course, is not exempt from the tendencies and infirmities of all such tissues.

[These bandages can be obtained of Mr. Simon N. Jones, Pharmacist, Louisville. He furnishes them, we believe, at from two to four dollars, according to size.—EDS.]

On the Uses and Application of Iodoform.—Wyndham Cottle, M.A., M.B., F.R.C.S., in London Lancet:

In a letter in the Lancet, signed "M. D.", it is stated that some account of the uses of iodoform, a therapeutic agent the writer finds widely recommended, would be acceptable. As I have employed it largely for some years, I venture to offer a few words on the subject.

For the later forms of syphilitic disease, especially of the tongue, iodoform has been highly recommended by Mr. Berkeley Hill, and also for nasopharyngeal affections by Dr. Prosser James. A grain or a grain and a half, with extract of gentian, sarsaparilla, etc., in the form of a pill twice or three times daily, is advised. I have given it in many cases of syphilis. I must, however, confess my experience of iodoform, when administered internally, has not been equally favorable. I did not find the improvement I had hoped for in my patient's condition, while the most marked effects of iodine were very often induced—intense frontal pain, coryza, loss of appetite, and sickness, with heightened temperature and quickened pulse. In one case these severe symptoms followed the administration of half a grain twice daily.

For some years in America, upon the Continent, and in England iodoform has been a remedy rapidly growing in favor both for venereal and primary syphilitic sores. Its advantages in these cases are attested by the highest authorities. Very useful is it also in most forms of ulceration, whether specific or not, and in almost any situation. It may be applied with advantage to ulcers of the legs, to rupial sores, to buboes that have become open wounds, to ulcerations of the vagina, uterus, etc. This agent has been highly spoken of as an application in cases of post-nasal

catarrh, of ulcerations of the throat, of ozena, whether syphilitic or not. As a parasiticide it is serviceable, many cases of tinea tonsa, sycosis, etc., improving under its influence. Most soothing, too, is it generally when used topically to malignant ulcerations. Indolent sinuses may often also be beneficially injected with solutions of iodoform.

Two points of clinical importance must, however, be borne in mind in the employment of iodoform. Though a local anodyne, it is in some degree an irritant. It should never, therefore be applied to an inflamed surface, since it is likely to cause irritation and pain. It is to the indolent ulcer, in which action is absent or deficient, that it acts so beneficially. And, again, iodoform is apt to inflame the sound skin that surrounds the lesion it is intended to benefit, if kept in contact with it for any lengthened period.

Many plans have been devised for applying this drug. On ulcers and venereal sores, previously cleaned and dried, it may, when finely powdered, be lightly dusted, a piece of dry lint being laid over it, and the dressing renewed night and morning while the discharge is profuse, once daily being afterward sufficient. Tannin or fuller's earth may be mixed with the iodoform in any proportion if it is desired to moderate its action, equal parts of the ingredients being generally prescribed. Iodoform can also readily, by trituration, be made into an ointment with lard or vaseline, or any of the petroleum derivatives, five to twenty grains to an ounce of the base. This mode is especially useful when it is desired to make the application to internal cavities.

Iodoform is sparingly soluble in water and glycerine, somewhat more so in alcohol and warm oil, but readily dissolves in ether, and to a still greater degree in chloroform. This property furnishes us with perhaps the most convenient and easy method of application. A solution of one part of iodoform in six to twelve of either of the last-named bodies is painted with a camel's-hair brush over the surface to which it is desired to apply it. The solvent evaporates, leaving a film of iodoform, and in most cases the process should be repeated once or twice daily. To avoid the pain which this evaporation of the solvent is apt to produce in sensitive parts, such as the nasal fossae, Dr. Woakes advised "iodoformed wool"—that is, finely-carded cotton wool with which an equal weight of the drug has been intimately blended. A piece of this medicated wool is to be placed in the required situation, and allowed to remain there from one to twenty hours.

The extremely penetrating and disagreeable odor of iodoform is its chief objection in practice. I find this is best obviated by great care that none of this powerfully-smelling drug is dropped on the patient's clothes, and when applied it is as far as possible covered over, and in some degree it may be disguised when made into an ointment by prescribing with it some essential oil. Tannin, also, when mixed with iodoform possesses the peculiar property of in some measure removing its odor.

Alcohol as a Local Application in Scalp Wounds.—Prof. Gosselin (*Gazette des Hôpitaux*) states that his clinical experience proves that the local application of pure alcohol in contused superficial wounds of the scalp promotes rapid healing. Such wounds treated by pure alcohol have less tendency to suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.—*Boston Med. and Surg. Jour.*